

SAAC

Lancaster County Substance Abuse Action Coalition

Strategic Plan 2006-2008

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Executive Summary

Thank you for reviewing the Lancaster County Substance Abuse Action Coalition three-year plan. In it you can see that over 75 agencies and 200 people are working together to realize our vision of a **community free of substance abuse**. This coalition is built on research that makes several points clear.

1. Substance abuse problems are complex.
2. "Silver bullet" solutions like "Just Say No," campaigns are ineffective.
3. Prevention, criminal justice and treatment professionals must collaborate.
4. People from every side of our community must be involved for success.
5. We get the best outcomes when our approaches are evidence-based.

The Executive Summary and Overview can help you get a clear idea of who we are, why we exist, what we have done and where we are headed towards *the mission of reducing the misuse of alcohol, tobacco and other drugs*. The last three-year plan resulted in collaborations that enabled us to leverage more than one million dollars in new funding including \$689,000 in grants and \$360,000 in documented in-kind gifts.

These funds enabled our community to do many things including:

- ♦ Provide **Screening and Brief Intervention Training** in substance use disorders for over 500 medical and behavioral health professionals.
- ♦ Start the **Nebraska Faith Partners Network** to assist the county's 238 faith congregations in connecting with the prevention and treatment communities.
- ♦ Organize major professional conferences: **Understanding the Juvenile Justice System and Substance Abuse** and **Get on Track Substance Abuse Action Conference**. These conferences were attended by over 250 prevention, treatment and criminal justice professionals.
- ♦ Implement the media campaign, "**Counter Advertising Alcohol**" to help parents see the many risks of teens consuming alcohol.

The future of SAAC promises more positive outcomes as we collaborate to:

- ♦ Support the criminal justice system in implementing an **Adult Day Reporting Center** that provides for treatment, job training and other skill building for selected offenders.
- ♦ Educate policy makers and employers on issues such as **insurance parity** and **beverage taxes**.
- ♦ Expand our **media campaigns** to influence adult attitudes about underage drinking and to reduce stigma concerning substance use disorders.

Thanks for your time and interest to be part of the vision of a community free of substance abuse. The detailed plans in pdf format are available at Lincoln Council on Alcoholism and Drugs, 914 L St. or 402-475-2694.

Sincerely,

Kit Boesch, Coordinator
Lancaster County Substance Abuse Action Coalition

Overview of 2006-08 Plan

Since 2002, the Lancaster County Substance Abuse Action Coalition (SAAC) has been committed to a community where strong prevention measures prevail and where all people have access to treatment. Over 75 agencies and 300 individuals work together toward SAAC's vision, mission, and goals. This strategic plan provides an overview of the

Vision

A Community free of substance abuse.

Mission

To improve the health of Lancaster County residents by reducing misuse of alcohol, tobacco, and other drugs

Goals

- ♦ To reduce the availability of alcohol, tobacco and other drugs.
 - ♦ To increase timely access to high quality treatment for substance use disorders.
 - ♦ To change this community's social norm from tolerating substance abuse to rejecting it as unacceptable.
-

Methods

Increase collaboration among prevention, treatment, criminal justice agencies and diverse segments of the community by developing teams/coalitions. These broadly based coalitions/teams include consumers, youth, political leaders, funders, media, and the communities of business, finance, medicine and faith. They also serve as forums for information sharing, resource development, coordinating with other community initiatives, and utilizing data to address service gaps.

The Problem

Each community has its own issues with alcohol, tobacco and other drugs. We have seen an increase in self-reported underage drinking. There is an increase in alcohol related car fatalities. We have a high number of parents who consider drinking a harmless right of passage. There are chronic barriers to treatment such as stigma, hopelessness and lack of money. Over 250 people on waiting lists indicate that adequate treatment is not available. Lack of treatment is especially acute for people with co-occurring mental and substance use disorders as well as certain populations in the criminal justice system.

Plan Overview:

Who We Are

In 2002, over 200 Lancaster County residents participated in the kick off event for the Substance Abuse Action Coalition (SAAC). The Coalition today consists of more than 75 community agencies (page 29) and 200 individual citizens. SAAC is an active part of the community's larger human service action process known as CSI-Lincoln (Community Services Initiative). SAAC is part of CSI's Behavioral Health Coalition. SAAC began with a Coordinating Council and three Teams. Prevention or "Start on Track", Criminal Justice or "Keep on Track," Treatment or "Back on Track."

Since the beginning SAAC has grown. The Criminal Justice Team now has two groups: one for adults and the other for youth. The Start on Track Prevention Coalition has divided Lincoln into six areas with each area having its own community group. Start on Track has also organized groups in four of Lancaster County's rural communities. A new group, "Get on Track" has organized the first annual conference for professionals, youth and adult community members. SAAC also initiated the Nebraska Faith Partners Network to assist faith congregations in addressing substance use issues.

Our major financial partners include the Community Health Endowment, the Joint Budget Committee, Nebraska Department of Health and Human Services, the Robert Wood Johnson Foundation, Snitily Carr, and the Substance Abuse Mental Health Services Administration. Thanks to them, these efforts have been successful and will continue to make a difference.

From 2002-2005, the increased collaboration among these teams, agencies and citizens has enabled us to leverage more than one million dollars in new funding. Over \$700,000 in grants and \$360,000 in documented in-kind gifts have been utilized to support the important work of SAAC. These funds came from the State Incentive Cooperative Agreement of HHS - \$315,205, City/County Joint Budget Council - \$15,000, Community Health Endowment - \$9,495, private donations \$8,000. The Drug Free Communities Support Program of SAMHSA - \$300,000, and Robert Wood Johnson Foundation - \$60,000 have been matched by in-kind donations from Robert Wood Johnson and from many local agencies and committed individuals.

Plan Overview:

Accomplishments

- ◆ Implemented a **Simple Screening Instrument** in the probation system to quickly identify and refer offenders who need evaluations for substance use disorders.
- ◆ Provided **Screening and Brief Intervention** training for over 100 physicians, 200 medical staff and 200 behavioral health professionals to help them identify patients/clients who need evaluation for substance use disorders.
- ◆ Started the **Nebraska Faith Partners Network** to assist the county's 238 faith congregations in using evidence-based practices and in connecting with the prevention and treatment communities.
- ◆ Implemented **Project DEFNS**, a prevention and mentoring program with the cooperation of Malone Center and the National Guard.
- ◆ Organized two professional conferences: **Understanding the Juvenile Justice System and Substance Abuse** and **Get on Track Substance Abuse Action Conference**. These conferences brought in national presenters and were attended by over 250 substance abuse professionals and youth and adult community members.
- ◆ Took the first comprehensive **survey of treatment agencies** determining that there were 210 Residential & Emergency beds, 149 1/2 & 3/4 way house beds, 197 Intensive Outpatient slots and 359 Outpatient Slots.
- ◆ **Restructured** the county prevention coalition into a leadership team, six Lincoln community groups and four rural coalitions.
- ◆ Utilized a variety of **community surveys** including the Nebraska Risk and Protective Factor Survey, Youth Risk Behavior Survey, and Community Readiness Assessment Survey to acquire baseline data regarding substance abuse issues in our county.
- ◆ Supported over 2000 **alcohol compliance checks** conducted by Lincoln Police that encouraged beverage retailers to more consistently follow the laws on underage sales.
- ◆ Conducted quarterly **tobacco compliance checks** coordinated by the Lincoln-Lancaster County Health Department to ensure retailers are not selling tobacco products to minors.
- ◆ Implemented the media campaign, "**Counter Advertising Alcohol**" to increase awareness of the many risks when teens consume alcohol.
- ◆ Utilized the evidence-based **Creating Lasting Family Connections** program through several agencies to bring together parents and youth for more open and useful communications.

Plan Overview: Accomplishments

- ◆ Implemented the “**I Have Hope**” stigma busting campaign in cooperation with the Behavioral Health Coalition and the mental health community.
- ◆ Analyzed Lancaster County’s capacity to provide care for patients with **co-occurring mental and substance use disorders**.
- ◆ Implemented **collaboration** among adult criminal justice agencies and recovery support groups like Alcoholics Anonymous.

The Future

The Future of SAAC promises positive outcomes as we collaborate to:

- ◆ Implement additional Screening and Brief Intervention training and integrate the process in a maximum number of agencies.
 - ◆ Expand the use of the Simple Screening Instrument throughout the Criminal Justice System.
 - ◆ Implement an adult Day Reporting Center through the criminal justice system that provides for treatment, job training and other skill building for qualified probationers.
 - ◆ Train and maintain substance abuse teams in 20-30 faith congregations and contact 30-50 additional congregations.
 - ◆ Organize annual conferences attracting the best in local and national presenters for hundreds of professionals and community members.
 - ◆ Educate public policy makers and employers about issues such as insurance parity and beverage taxes.
 - ◆ Become more culturally competent and diverse at every level of SAAC.
 - ◆ Continue to utilize local and national data to set SAAC priorities.
 - ◆ Expand our media campaigns to change the community social norms associated with alcohol and other drugs as well as reducing stigma for people with substance use disorders.
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The detailed plans are on pages 8 thru 36. Copies of the detailed plans are available by contacting SAAC at 402-421-3462 or starfish@inebraska.com

Start On Track

Lancaster County Prevention System Plan

Problem

High-risk use of (Alcohol, Tobacco and Other Drugs) ATOD causes many social, health and safety problems. The (Youth Risk Behavior Survey) YRBS 2003 and 2005 and the (Nebraska Risk and Protective Factor Survey) NRPFS 2003 and 2005 show that high-risk use in Lancaster County includes such issues as:

1. Young people drinking and driving or riding with a drinking driver.
2. A high incidence of alcohol use among 12-17 year olds.
3. Adults and youth see underage drinking as normal and acceptable.
4. A high percentage of at-risk youth using drugs other than alcohol.
5. The unique challenges to existing ATOD laws and policies.
6. Easy access to alcohol, tobacco and other drugs.

Community Planning Challenge

1. Fragmented approach
2. Lack of community awareness and/or misperceptions
3. Lack of planning for long-term sustainability.
4. Lack of coordination with the faith community
5. Cultural competency

Vision

A comprehensive collaborative approach building a community free of substance abuse.

Mission

To reduce substance use and abuse among youth and the community at large by increasing protective factors and decreasing the risk factors for substance abuse issues.

Purpose

This document sets forth a three-year action plan for implementing the Lancaster County Prevention Framework in order to decrease substance use and abuse. This action plan supports a process known to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the life span.

Community Impact

Four prevention core measures for the Government Performance and Results Act (GPRA):

- ◆ Age of on-set of any drug use
- ◆ Frequency of use in the past 30 days
- ◆ Perception of risk or harm
- ◆ Perception of disapproval of use by peers and by adults

Prevention Plan Process Focused Impact Areas

Data Collection

Goal

The Lancaster County prevention system will coordinate and use effective data collection and expand the foundation for implementing research based community strategies.

Objectives

1. Citizens understand the importance of data collection and actively advocate for the collection of such data.
2. Collaborate with the Lincoln Public School (LPS) system to implement the Nebraska Risk and Protective Factor survey (NRPFS).
3. Conduct local data collection as identified by need.
4. The community will utilize available local and national data in prevention strategy development.

Process/Actions

1. The leadership team will develop an eight-point operation standard addressing data (technical assistance utilization, education, collection, analysis, strategy selection, evaluation, review, and convening of individual community work groups).
2. The leadership team will create a forum to work with LPS in data collection.
3. Develop a compilation for centralized, hyperlinked data resource access on the Lancaster County website.

Community Development

Goal 1.

The Lancaster County Prevention system will continue to enhance and expand the structural components of its system and create a comprehensive coordinated method of addressing substance use and abuse.

Prevention Plan Community Development

Objectives

1. Expand the function of the current leadership team to include advisory, technical assistance and oversight for prevention strategies and for the ten community groups.
 2. Expand the membership of the leadership team to include substance abuse prevention, treatment and criminal justice providers, policy makers, media, and faith-based partners.
 3. Transition leader- and ownership of the local urban and rural community groups from an agency driven facilitation to a solid community/neighborhood facilitation.
 4. On-going recruitment to strengthen and expand membership within existing six urban and four rural community groups.
 5. Development of a new member orientation and on-going group training and education.
-

Process/Actions

1. Standard agenda utilized for each Leadership team meeting.
 2. Each community group will have a representative provide updates, strategies, and concerns at the Leadership team meeting.
 3. Ongoing recruitment of Lancaster leaders that would be useful resources at the leadership table.
 4. Strategies are community/data-driven not agency driven.
 5. Prior to each Leadership team meeting a half-hour orientation and education segment will be available to all new recruits and/or leadership members absent from previous meetings.
 6. Development of a training subcommittee that would oversee educational components requested by community groups and the leadership team.
 7. Each community group will be responsible in developing a strategic plan, (plans can be shared by the different community groups.) All plans will be reviewed by the leadership team.
-

Goal 2.

The Lancaster County Prevention System will develop the mechanisms and convene the necessary parties to develop and implement a long term systems sustainability plan.

Objectives

1. The leadership team will develop a framework for the sustainability plan. Two sustainability facilitators, one from evaluation and research and one from the funding community, will direct the leadership team in developing the long term sustainability plan.
 2. The sustainability plan strategies will be implemented by June 2007.
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Prevention Plan Community Development

Process/Action

The sustainability plan will be an addendum to the county plan.

Policy and Legislation

Goal

The Lancaster County Prevention System will support public policies that influence change in social norms addressing ATOD use by youth and adults and promote healthy life styles and perceptions.

Objectives

Influence policies that address unclear community beliefs, values and standards for 2006-2009

Including but not limited to:

- ◆ Influence inconsistently enforced or communicated laws and policies.
 - ◆ Influence the lack of negative consequences for high-risk behaviors.
 - ◆ Influence policies of inexpensive alcohol easily available and accessible.
 - ◆ Influence policies of heavy promotion of alcohol products and activities.
 - ◆ Influence policies of high-risk traditions and celebrations.
 - ◆ Address inconsistent messages about alcohol.
-

Process Measures

1. Organize a policy subcommittee that selects 2-3 policy initiatives each year pertaining to unclear community beliefs, values, and standards.
 2. Grassroots efforts with community groups and the leadership team will develop as policy initiatives are generated.
-

Prevention Plan Outcome Focused Impact Areas

Youth

Goal

Youth in Lancaster County will be informed about leadership opportunities and join adults in prevention strategies, implementation and oversight.

Objectives

1. Each of the ten community and youth action groups will have a youth education and recruitment plan.
2. The Prevention System will ensure a minimum of 25% youth representation on the Leadership team and a representative at each of the ten community groups.
3. Each of the ten communities will have a youth-led action group in conjunction with the community groups.

Process/Actions

1. The core prevention planning group including the LCAD Youth Program Coordinator will develop a toolbox available for all communities in Lancaster County wanting to recruit youth.
2. Each youth-driven action group will select a youth member(s) to attend Leadership team meetings and community groups as needed.

Programming: Individual Strategies

Goal

Lancaster County will build an infrastructure of evidence based, data driven, evaluated programming to reduce substance use and abuse among youth and adults.

Objectives

1. A reduction in onset of substance abuse.
2. A reduction of substance use and abuse.
3. Increased bond to school.
4. Increased bond to community.
5. Accurate community perception regarding substance use and abuse.

Prevention Plan — Youth

Process/Activities

1. School Community Intervention Program (SCIP)
2. Creating Lasting Family Connections program implemented for families with youth ages 12-17.
3. Strengthening Multi-ethnic Families and Communities Parent Training Program implemented for parents of children ages 3-18.
4. All-Stars implemented through LPS in sixth grade health classes.
5. Smart Moves and Parenting Wisely.

Programming: Environmental Strategies

Goal

Lancaster County will build an infrastructure of evidence based, data driven, environmental strategies to reduce substance use and abuse among youth and adults.

Objectives

1. Community wide consistent messages about alcohol.
2. Addressing high-risk traditions and celebrations throughout the community.
3. Influence and reduce heavy promotion of alcohol products and activities.
3. Develop a consistent message supporting consequences for high-risk behavior.
5. Consistently communicate and enforce laws and policies.
6. Clarify community values, beliefs and standards

Process/Actions

1. Communities Mobilizing for Change on Alcohol implemented in the rural community groups.
2. Saving Lives implemented countywide.
3. Counter Advertising Alcohol implemented countywide.
4. Other environmental strategies will be implemented as the needs of each community group are assessed and new data becomes avail-

LANCASTER COUNTY COMMUNITY AND YOUTH PREVENTION GROUPS

Vision:

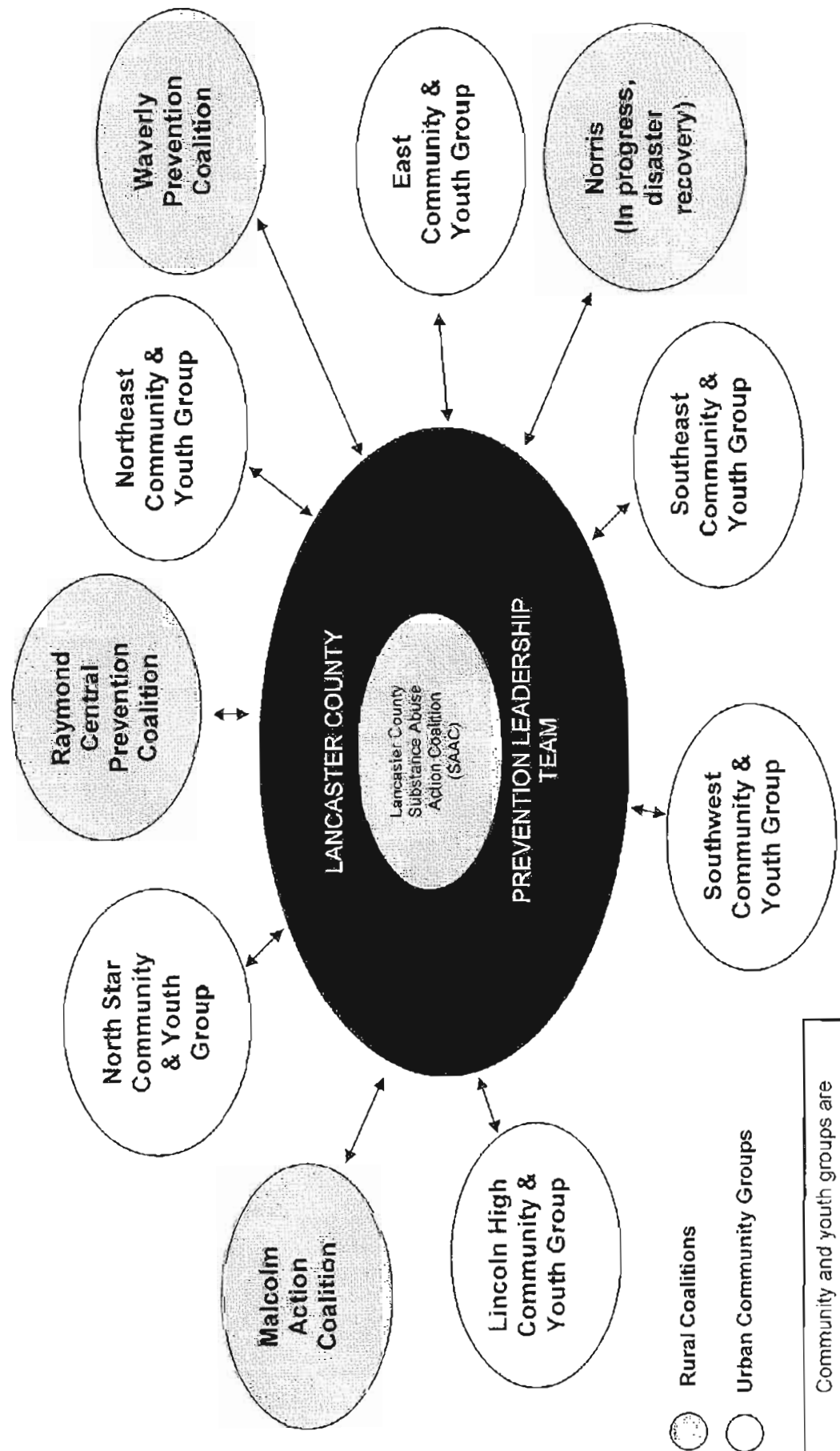
A community free of substance abuse.

Mission:

To reduce substance use and abuse among youth and the community at large, by addressing the factors in the community that serve to increase the risk of substance abuse.

Purpose:

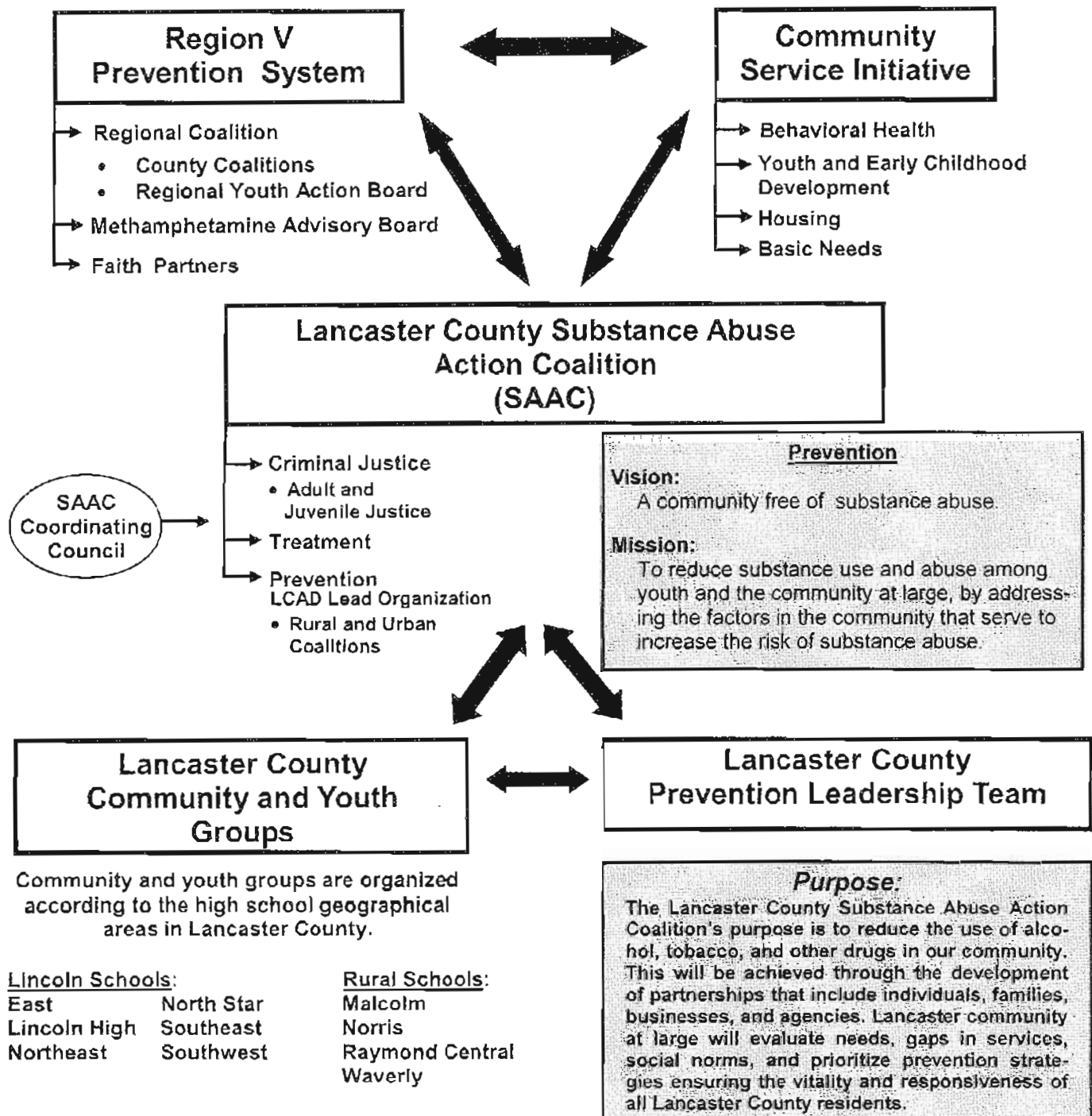
The Lancaster County Substance Abuse Action Coalition's purpose is to reduce the use of alcohol, tobacco, and other drugs in our community.



Community and youth groups are organized according to the high school geographical areas in Lancaster County.

Region V Systems has organized community coalitions in 12 out of 16 counties, including Lancaster County.

Lancaster County Prevention System



Community Group and Leadership Team Members Include:

Businesses
Cedars Youth Services
Child Guidance
Civic Groups
Colleges/Universities
Community Learning Centers
Evaluator
Faith Partners

Health Care Professionals
Law Enforcement
LCAD
Local Government
MADD
Media
National Guard
Neighborhood Associations

NU Directions
Parents
People's City Mission
Region V Systems
School Administration
SCIP
Sustainability Facilitators
Youth Serving Agencies

Keep On Track Juvenile Criminal Justice Team Plan¹

Vision

A strong, comprehensive, integrated criminal justice/treatment system that gives maximum support to youth and their families in overcoming youth substance use issues.

Mission

To remove the barriers to the successful management of juvenile offenders with substance use issues.

Players

This team consists of professionals from city, county, state and non-profit organizations.

Problem

Youth involved in the criminal justice/treatment system are frequently plagued by multiple issues. Data shows that these youth have substantially higher rates of substance use disorders. Youth who fail Diversion or violate Probation often do so because of substance use.

The numerous barriers to successful management of juvenile offenders with substance issues break into four major groups.

- 1) Communication issues among treatment programs, criminal justice agencies and schools sometimes delay or deny treatment.
- 2) Youth in the criminal justice system sometimes lack timely access to the appropriate level of treatment.
- 3) Some parents resist treatment and face other difficulties in supporting youth in the criminal justice system.
- 4) Some youth lack funding for appropriate treatment.

Methods

Implement strategies to address the four barriers by gathering data, raising funds, engaging partners among agencies, consumers and community partners.

Goals

1. Increase communication among treatment programs, criminal justice agencies, schools and parents and increase education of families regarding treatment for youth involved with criminal justice system.
2. Decrease the number of youth with treatment issues that are involved with the criminal justice system by increasing access to the appropriate level of treatment.
2. Decrease the barriers and difficulties families face.
3. Decrease the funding barriers for treatment.

1. This plan corresponds to Priority Two in the County Juvenile Justice Plan.

Juvenile Justice Plan—Goal 1

Increase communication among treatment programs, criminal justice agencies, schools and parents and increase education of families regarding treatment for youth involved with the criminal justice system.

Objective 1

Increase the communication among agencies and families to enhance the evaluation process.

Actions

- ◆ Research the literature and other communities about how they make communication more thorough in the evaluation process.
 - ◆ Implement new agency communication methods in the evaluation process.
-

Objective 2

Increase the number of youth with substance use disorders that will have a consistent advocate.

Actions

- ◆ Provide a process that would allow youth to have a court advocate or case manager who consistently follows the youth throughout the criminal justice process and treatment.
 - ◆ Work with existing advocacy groups such as CASA (Court Appointed Special Advocates) to develop more program advocates for youth throughout the treatment/criminal justice process.
-

Objective 3

Increase the amount of information about the School Community Intervention Program (SCIP) and other school-related resources. Target groups for this information include, youth, counselors, treatment providers, criminal justice and other agencies.

Actions

- ◆ Define what SCIP does and develop a plan to educate target groups about SCIP.
 - ◆ Provide more information to parents and youth regarding the LPS program that provides up to five credit hours for the successful completion of treatment.
-

Juvenile Justice Plan—Objective 4

Enhance collaboration and communication between the schools, the treatment providers and the criminal justice system so they all can work together and provide more support for the youth.

Actions

- ◆ Arrange another seminar on understanding the juvenile justice system, treatment and substance abuse and how they relate to each other for educators, treatment professionals, substance abuse professionals, law enforcement, and criminal justice professionals.
- ◆ Arrange a meeting with educators, treatment and criminal justice professionals and to discuss how to best share information and work together on issues of substance abuse and treatment for youth. The collaboration and planning meeting may include School Community Intervention Program SCIP, Probation, Cedars, Office of Juvenile System/Health and Human Services, school personnel or counselors, state and local personnel, the Judges, substance abuse and treatment professionals.
- ◆ The collaboration team will develop a set of recommendations on dealing with youth that relapse and how to make the treatment process more consistent. The group should look at how relapse affects the detention population and determine current sanctions given when a youth relapses.
- ◆ Focus efforts on increasing knowledge regarding realistic expectations for addicted/drug using youth and the process of recovery.

Goal 2

Decrease the number of youth with treatment issues that are involved with the criminal justice system by increasing access to the appropriate level of treatment.

Objective 1

Increase access to appropriate treatment.

Actions

- ◆ Determine how to identify treatment issues at a younger age so that treatment and prevention could begin earlier.
- ◆ Identify and make a plan to deal with the exact nature of the issues and barriers for getting youth into treatment.
- ◆ Gather data on the number of youth with drug and alcohol issues in Detention, Probation and Diversion.
- ◆ Explore issues regarding the level of treatment approved vs. the level appropriate for the youth. Provide a forum to discuss cases where a third party payer over-rides assessment decisions such as out of home care.

Juvenile Justice Plan: Actions

Objective 2

Actions

- ♦ Educate the public on the increase in drug use among young people and the availability of resources and treatment.
- ♦ Look at ways to decrease family cycles of use.

Decrease the time to access services through better coordination.

- ♦ Form a collaboration group/advisory committee that includes third party payers and treatment providers to work through issues and enhance coordination.
- ♦ Develop strategies to decrease the time it takes for youth to access services. Such as, identify gaps in the process relating to Magellan, Medicaid, and private insurance. Look at speeding up the process of intakes and discuss how to alleviate youth that sit for a month waiting for a pre-treatment assessment.
- ♦ The collaboration group will develop a plan of action, come up with ways to streamline the process of seeking treatment services, develop a list of classifications for assessing authorization, explore the prevalence of youth seeing two providers and look at how to collaborate with multiple providers to offer one treatment plan with wraparound services.
- ♦ Resolve placement issues. Address placement issues – Although a spot for treatment is available, youth often stay in detention because there is not a placement available in a group home or other out of home placement for the youth to reside during treatment. Monitor the percentage of youth in detention that are waiting on a placement, waiting on OJS evaluations and those that violated probation, electronic monitor or other violations.
- ♦ Monitor treatment availability for youth who are in the criminal justice system. If there are gaps in treatment availability, explore ways to develop more treatment opportunities. Explore the frequency in which treatment facilities unsatisfactorily discharge youth. Monitor waiting lists for programs. Look at ways to assist current service providers such as Youth Assessment Center (YAC), CenterPointe, Intensive Outpatient (IOP) Providers. St. Monica's, Nova, Independence Center and First Step.

Juvenile Justice Plan - Goal 3

Objective 1

Actions

Decrease the barriers and difficulties families face.

Decrease barriers and resistance to treatment by families through education.

- ◆ Build a partnership between professionals and a group of articulate experienced consumers to explore ways to deal with barriers.
 - ◆ Publicize and promote support groups that help empower parents and encourage them to be proactive.
 - ◆ Explore the development of a family advocate-mentoring group for parents.
 - ◆ Look at expanding support and informational groups such as a parenting teens forum or non-traditional parenting styles to engage parents.
 - ◆ Develop ideas for school personnel, criminal justice professionals and treatment providers to successfully work with resistant families.
-

Goal 4

Objective 1

Actions

Decrease the funding barriers for treatment.

Decrease the number of youth that need treatment but are being held in Detention.

- ◆ Determine the number of youth in Detention with treatment needs.
 - ◆ Research strategies other communities have utilized to address treatment issues.
 - ◆ Work with Medicaid to develop an alternative for youth that need treatment, but are being held in Detention at a much higher cost per day than treatment would cost.
 - ◆ Look at ways to enhance the Graduated Sanctions programs to better serve this population.
-

Objective 2

Actions

Increase the number of youth who are covered by private insurance with parity.

- ◆ Partner with treatment team and Behavioral Health Coalition to educate policy makers about the advantages of insurance parity.
 - ◆ Partner with treatment team and the Behavioral Health Coalition to educate employers about the advantages of insurance parity.
-

Keep On Track Adult Criminal Justice Team Plan

Vision

A seamless system for substance abusing adult offenders that provides maximum opportunities for success in meeting their needs and long-term well-being, as well as the community's safety.

Mission

To remove barriers to the successful management and treatment of adult offenders with substance use disorders and to provide the strongest, best-coordinated system for dealing with substance abuse.

Method

The *Adult Criminal Justice Team* will work to gather data, engage funding sources, and utilize additional partners to decrease barriers to treatment for adults involved with the criminal justice system.

Problem

There are several barriers to successful outcomes of adult offenders with substance use issues. These barriers include:

1. Inadequate communication between treatment and criminal justice agencies.
 2. Lack of treatment appropriate to some offenders' needs.
 3. Lack of funding for appropriate treatment.
 4. Some treatment providers are unaware of the criminogenic needs of clients/offenders.
 5. Cultural and linguistic differences
-

Goal 1

Increase communication between treatment programs and criminal justice agencies.

Actions

- ♦ Continue to meet as a team of treatment and criminal justice providers and brainstorm possible ways to improve communications such as in service training, pamphlets and site visits.
 - ♦ Advise and ensure appropriate training is provided concerning the Standardized Model of evaluation and treatment.
 - ♦ Incorporate ex-offenders into this team.
 - ♦ Develop programming for ex-offenders to mentor newly released offenders.
-

Adult Criminal Justice Plan—Goal 2

Actions

Increase treatment availability and access for adults in the criminal justice system.

- ◆ Advise on the implementation of the Day Reporting Center and look at research concerning best practices about what services are most important to offer.
 - ◆ Identify emerging opportunities for specific criminal justice populations for treatment services enhancing their long-term well-being.
 - ◆ Compile a detailed list of treatment providers who are trained in the Standardized Model and approved to provide treatment to adult offenders.
 - ◆ Complete a needs assessment of the comprehensive problems and issues of persons re-entering the community from
 - ◆ Corrections. Such a program would include housing, employment, and counseling.
-

Goal 3

Actions

Decrease the funding barriers for treatment.

- ◆ Participate in the initial stages of setting up the treatment voucher system to provide treatment funding for probationers/parolees.
 - ◆ Look for federal funding opportunities and ways to partner criminal justice agencies with treatment providers in order to write grants and obtain more funding for adult offenders with substance abuse issues.
 - ◆ Explore possibilities for people who are “jamming out” their sentences and have a need for substance abuse treatment.
-

Goal 4a

Actions

Maximize the benefits of recovery groups for offenders while maintaining their integrity.

- ◆ Provide for orientations to 12-Step and other groups in order to ensure community support groups are used in the most efficient way possible in enhancing recovery. This may include starting a “mentor” program for ex-offenders who have done well in this system and newly released offenders.
 - ◆ Ensure that sound training takes place for treatment providers in understanding offenders/clients with criminogenic needs.
-

Goal 4b

Implement the Standardized Model in order to ensure the agencies providing treatment to adult offenders are working together with the criminal justice system and keeping the lines of communication open.

Actions

- ◆ Maintain a list of treatment providers who are trained in the Standardized Model.
 - ◆ Report to the appropriate criminal justice system person on compliance issues with the Standardized Model.
-

Goal 5a

Increase public education regarding treatment for adults involved with the criminal justice system.

Actions

- ◆ Coordinate with SAAC Treatment Team to develop a stigma-busting plan.
 - ◆ Develop positive relationships with major employers in the community in order to encourage ex-offender success at reintegration.
-

Goal 5b

Increase awareness of both the treatment community and the criminal justice community on cultural and linguistic issues.

Actions

- ◆ Recruit members of underserved cultures to participate in the Lancaster County Substance Abuse Action Coalition Team meetings.
 - ◆ Seek training opportunities on cultural diversity and encourage members to attend.
 - ◆ Seek interpreters of underserved languages who would be willing to help offenders.
 - ◆ Seek input from the ethnic centers on these issues.
-

BACK ON TRACK Treatment Team Plan

Vision

Our community has timely, high quality substance abuse treatment for all who need it without discrimination or stigma.

Problem

Barriers to successful treatment enable substance use disorders to disrupt and destroy the lives of many people in our county. The barriers for people who can recover include:

1. Shame, stigma, and lack of hope for recovery.
 2. Not being referred by medical, criminal justice or behavioral health professionals.
 3. Lacking adequate funding for treatment.
 4. Relapsing while waiting for treatment.
-

Mission

Remove barriers to the treatment of substance use disorders in Lancaster County.

Method

By raising funds, providing volunteers and engaging partners, The **BACK ON TRACK** Team will sustain a community movement to accomplish our mission.

Treatment Plan—Goal 1

To increase evidence-based screenings and early interventions by medical, criminal justice and behavioral health professionals.

Objective 1

Advocate for SBI's (Screening and Brief Intervention) with medical professionals.

Actions

- ◆ Collaborate with Lancaster County Medical Society and Nebraska Medical Association to produce newsletter articles and other forms of publicity.
 - ◆ Acquire and publish data that shows effectiveness of SBI using national and local resources.
 - ◆ Network with other medical groups such as the Nebraska Medical Society and the Nebraska Academy of Family Physicians to provide training throughout Nebraska.
 - ◆ Promote through personal contacts of committee members .
 - ◆ Support and monitor Intervention Nurses in orienting all Lancaster County student nurses to SBI.
 - ◆ Provide 1-hour training meetings for physicians' offices in SBI.
 - ◆ Promote through personal contacts and Lancaster County Medical Society.
-

Measurable Outcome

Increased numbers of offices using SBI and increased interventions.

Objective 2

To increase evidence-based screenings and early interventions by advocating for Simple Screening Instruments done by criminal justice professionals.

Actions

- ◆ Track the number of Simple Screening Instruments used throughout the criminal justice system.
 - ◆ Coordinate with Criminal Justice Team of SAAC.
-

Measurable Outcome

System for tracking the number of SSI's (Simple Screening Instruments)

Treatment Plan Objective 3

Increase early interventions by advocating for SBI's with behavioral health professionals.

Actions

- ◆ Pilot SBI with groups inside each profession.
 - ◆ Develop alliances to promote SBI within each profession.
 - ◆ Use sustainability plan to expand SBI Coordinator's role.
-

Measurable Outcome

1. Increased number of SBI's by behavioral health professionals.
 2. Increased number of referrals for treatment.
-

Goal 2

To increase treatment capacity by decreasing financial barriers.

Objective 1

Educate policy makers about the advantages of health insurance parity for substance use disorders.

Actions

- ◆ Review data from other places that have insurance parity.
 - ◆ Learn about the methods other places have used to gain treatment on demand including better utilization of existing dollars as well as identification of new dollars.
 - ◆ Support legislation that allows rates of public providers to meet the cost of doing business. Work with NABHO and legislative allies.
 - ◆ Provide for annual review of the data.
 - ◆ Enlist support of recovery community, treatment program alumni, and other supportive people.
 - ◆ Show policy makers that it is in their fiscal, civic, and ethical interest to support treatment health insurance parity.
 - ◆ Gain advocacy from citizens and policy makers for health insurance parity.
-

Measurable Outcome

A body of information showing the seriousness of the problem and the advantages to the community of making treatment available on demand.

Objective 2

Increase the number of employees who have parity in their health insurance.

Treatment Plan Actions

- ◆ Form partnerships with Behavioral Health Coalition, Adult Criminal Justice Team, EAP's, (Employee Assistance Programs), NABHO, (Nebraska Association of Behavioral Health Organizations) and the Chamber of Commerce.
- ◆ Survey employers to estimate number of employees covered at parity.
- ◆ Learn the methods that other states have used to gain parity.
- ◆ Learn the views of local insurance carriers, legislators and employers.
- ◆ Decide on the best strategies to follow (e.g. sharing success stories) and the partners (e.g. the mental health

Measurable Outcome

1. An executable, written strategy for increasing insurance parity.
2. The passage of a law mandating parity coverage.
3. An increase of 5,000 people covered at parity by the end of 2005.
4. An increase in the number of insurance carriers who offer parity coverage.

Objective 3

Educate policy makers about the advantages of providing adequate public funding so that treatment is available when patients need it.

Actions

- ◆ Maintain up-to-date research on parity's advantages and its progress in other states.
- ◆ Build alliances with Join Together, Behavioral Health Coalition, Nebraska Association of Behavioral Health Organizations, and others.
- ◆ Prepare materials for coalition members and others to use in seeking support from their legislators.
- ◆ Enlist support of recovery community, treatment program alumni, and other supportive people.
- ◆ Show policy makers that it is in their fiscal, civic, and ethical interest to support treatment on demand.
- ◆ Facilitate policy change to create a political and civic environment that supports treatment when patients need it.
- ◆ End waiting lists and unfunded patients by gaining advocacy from citizens and policy makers for adequate funding of all treatment services.

**Treatment Plan
Measurable
Outcomes**

1. A large, well-organized group of concerned citizens.
 2. A realistic plan for changing legislation.
 3. Changes in state and local policies that make treatment available when people need it.
-

Objective 4

Increase private financial support for indigent patients.

Actions

Treatment providers explore fund raising methods that can benefit all indigent patients.

Measurable Outcome

Raise enough money to provide treatment services for all potential clients.

Goal 3

To increase timely access to quality treatment.

Objective 1

Promote the reduction of procedural barriers for quick access to the treatment system.

Actions

- ◆ Form partnership of counselors, alumni, administrators, referral sources and health insurance carriers.
 - ◆ Ask players to identify process barriers within the treatment continuum that impede people from getting treatment such as waiting to get evaluation for people seeking help.
 - ◆ Requirement of blood work by treatment program.
 - ◆ Non-financial barriers from insurers, such as insurer requiring an evaluation for client needing prompt entry into treatment, but evaluation slots are not open for one or more weeks.
 - ◆ People in jail may wait up to 4 months to get into treatment.
 - ◆ Legal barriers.
 - ◆ Form a plan to address pre-treatment delays.
-

Measurable Outcome

1. Modified and reduced non-financial barriers.
 2. An ongoing system to identify and reduce non-financial barriers
-

Treatment Plan Objective 2

Assist community and treatment providers in targeting special needs populations.

Actions

- ◆ Continue Co-Occurring Disorders partnership with consumers, medical, psychiatric, treatment and mental health service providers.
 - ◆ Complete study of current Co-Occurring Disorders System.
 - ◆ Identify funding to implement an integrated countywide treatment system for Co-Occurring Disorders.
 - ◆ Implement integrated treatment system.
 - ◆ Partner with Adult Criminal Justice Team to provide targeted services to identified populations in the criminal justice system.
 - ◆ Identify system for treatment providers to maintain clinical readiness for emerging drug treatment issues. System for helping providers meet emerging issues would include inservice training, identifying literature support, and local experts.
-

Objective 3

Support providers in meeting or exceeding state standards.

Actions

- ◆ Establish network consultation for assistance toward Accreditation.
-

Objective 4

Close gaps in treatment services.

Actions

- ◆ Develop partnerships among consumers, treatment agencies League of Human Dignity, Ethnic/Cultural Centers and other interested parties.
 - ◆ Identify counselors with multiple language and cultural skills.
 - ◆ Maintain database of these counselors.
 - ◆ Create a system of endorsing evaluators and counselors with multi-cultural skills.
 - ◆ Identify systems for helping patients with transportation problems
-

Treatment Plan Objective 5

Actions

Prioritize and define service gaps identified in Substance Abuse.

- ◆ Emergency services, intermediate residential treatment or women, intermediate residential treatment for adolescents, Group Home for boys, Halfway House for women, three-quarter way house for men, three-quarter way house for women, pre-treatment services.
-

Objective 6

Actions

Identify and prioritize additional service gaps.

- ◆ Identify on-going and emerging gaps in services.
 - ◆ Continue legislative involvement to increase funding for capacity and development of gap services
-

Measurable Outcomes

1. A decreased number of people who are untreated because of system gaps.
 2. More accurate diagnoses.
-

Goal 4

To sustain a long-term marketing effort for decreasing stigma.

Objective 1

Actions

Reduce the shame attached to substance use disorders and increase the perception of treatment success.

- ◆ Continue current BACK ON TRACK Marketing Team partnerships adding business and cultural groups.
 - ◆ Develop messages/plans to include more ethnic groups and business audiences.
 - ◆ Organize and publicize annual events such as Moment of Serenity and golf tournament to celebrate recovery.
 - ◆ Develop media/awareness plan that includes public relations, earned and paid media campaign.
 - ◆ Cultivate media contacts and identify speaking engagements and interview opportunities for Public Relations.
 - ◆ Identify partner events to piggyback message such as trade shows and seminars.
 - ◆ Utilize press to carry the message that speaks to stigma by becoming an identified resource on our issue, preparing newsworthy stories, and sponsoring newsworthy events.
-

Treatment Plan Objective 2

Show that there is widespread support for the Back on Track mission and find financial and volunteer partners.

Actions

- ◆ Train a team of membership recruiters.
 - ◆ Provide appropriate materials for them.
 - ◆ Target 1,000 individual memberships.
 - ◆ Devise a plan for one-on-one visits.
 - ◆ Maintain a data base of individual members.
 - ◆ Maintain a web page as a member and community resource.
-

Objective 3

Reduce discrimination against people with substance use disorders.

Actions

- ◆ Assemble a committee of interested Back on Track members.
 - ◆ Review "Ending Discrimination Against People With alcohol and Drug Problems" and other appropriate documents.
 - ◆ Devise a strategy based on that review.
 - ◆ Act on the strategy for addressing discrimination.
-

Coalition-Wide Activities

The Coordinating Council consists of representatives from the three teams of the SAAC Coalition and other interested parties.

Objective 1

To coordinate the activities of all the elements of the Coalition.

Actions

- ♦ Act as a forum for sharing information among members of the coalition.
- ♦ Acquire and share a community-wide picture of substance abuse system gaps.
- ♦ Identify and develop resources by encouraging collaboration among coalition members.
- ♦ Coordinate cross-boundary issues and communication among criminal justice, prevention, and treatment entities.

Actions

- ♦ Periodically review and update the County Substance Abuse Action Plan by ensuring that the teams and coalitions carry out their role in that plan.
- ♦ Inform, communicate, and collaborate with other community-wide health initiatives such as CSI Lincoln and Healthy People 2010.
- ♦ Expand cultural competency of coalition members.
- ♦ Develop sustainability plans.
- ♦ Develop communication tools such as email newsletter for keeping members informed.

Get On Track consists of participants from throughout the coalition and community.

Objective 2

Provide educational opportunities to the professions, the community and policy makers.

Actions

- ♦ Conduct an annual training event attracting national speakers that integrates educational opportunities for prevention, criminal justice and treatment.
- ♦ Implement an annual legislative breakfast to educate policy makers about substance abuse issues.
- ♦ Conduct an annual meeting of the SAAC Coalition.

Faith Partners is a method for generating teams and contact persons in local faith congregations.

Objective 3

Build a substance abuse infrastructure among the county's 238 faith congregations by organizing, training, connecting with and sustaining substance abuse teams in 10 – 20 congregations and contacting persons in 30 – 50 additional congregations over the next two years.

Actions

- ◆ Introduce the nationally recognized Faith Partners model for building a substance abuse infrastructure in faith congregations using their three-phase process.
- ◆ Initiate a formal cooperative agreement with Lincoln Interfaith Council (LIC) to provide continuing support for teams and contact persons.
- ◆ Share out experience as a pilot project for the State with Regional Prevention Centers and Interchurch Ministries of Nebraska.

Actions

- ◆ Partner with community cultural centers to build relationships with faith congregations of diverse cultures and ethnic groups.
- ◆ Assist five congregational teams in sponsoring and evidence-based prevention program in year 2005-06 and 10-15 congregations sponsor an evidence-based prevention program in 2006-07.
- ◆ Assist 20 congregational contact persons in providing one informational or educational event in 2005-06 and 40 contact persons in year 2006-07.
- ◆ Ensure that 2 teams and 4 – 6 contact persons are from diverse cultures over the next two years.
- ◆ Utilize annual conference to promote evidence-based prevention programs and environmental strategies among 10-20 congregations serving 3,000 to 7,500 people.

Coalition Snapshot

SAAC is divided into three coalitions: Prevention, Criminal Justice, and Treatment. Each coalition is subdivided into teams. As a whole SAAC also works with faith communities and provides an annual conference for professionals. SAAC also participates in several community organizations.

1. Start On Track - Prevention Coalition

A leadership group, 6 neighborhood groups and 4 community groups collaborate to reduce substance abuse.

Leadership Team
Lincoln Coalitions
Rural Coalitions

Region V Staff
Teri Effle
Melissa Beecher

6 Neighborhood Groups
4 Communities

Team	Staff	Purpose
Environmental Scan	Teri Effle	Studies environmental prevention needs
Creating Lasting Family Connections	Carey Renken	7 Trainers provide family education
# Screening and Brief Intervention	Kelly Erlandson	4 Trainers target medical and behavioral health professionals
Counter Ad Alcohol Saving Lives	Karen Heusel Mike Losee	Media Campaigns Targeting Parents
Legislation	Simera Reynolds	Beer Tax
Project DEFNS	Malone Center National Guard	Mentoring Project
CMCA, All Stars Saving Lives	Melissa Beecher Rural Coalitions	Evidence-based Prevention Programs

2. Keep On Track - Criminal Justice Coalition

Two teams deal with criminal justice and substance abuse issues for youth and adults.

Adult Criminal Justice	Steve Rowoldt	Simple Screening Instrument Day Center AA Relations
Juvenile Criminal Justice	Corey Steel	Criminal Justice/Treatment Conference School Support

Substance Abuse Action Coalition Snapshot

3. Back On Track - Treatment Coalition

Seven teams aim to eliminate the barriers to treatment.

Team	Staff	Purpose
Steering	Topher Hansen	Coordination
Legislation	Corrie Kiely-Wesely	Beer Tax, Parity, Zoning
Marketing	Melissa Beecher Mike Losee	* Stigma Campaign Rally, Website, Golf Tourney
*Parity	Julie Hippen	State Law Employers
Membership	Price Rivers	Gain 1,000 members
* Co-Occurring Disorders	Joyce Schmeeckle	Innovates treatment processes for mental and substance use disorders
# Screening and Brief Intervention	Kelly Erlandson	4 Trainers target Medical, Beh. Health Pro's

4. SAAC Coalition-Wide Activities

People from all three coalitions work together to reach out to faith congregations, hold an annual conference for professionals and coordinate strategic planning.

Annual Conference	Jennifer Brinkman 6 Committees	Organize Annual Professional Conference
SAAC Chairs	Kit Boesch	Plan for and Sustain SAAC
Faith Partners	Maya Chilese	Build bridges to Faith Community

5. SAAC Participation

SAAC is formally represented with several community collaborations.

Meth Advisory Board	Sean Flynn
Cultural Centers	Wayne Svoboda
Recovery Focus School	Ted Sheely
Behavioral Health	Melissa Beecher
The HUB	Dwight Brown

Denotes partnership between Prevention and Treatment

* Denotes partnership between SAAC and Behavioral Health Coalition

Coalition Member Agencies

Action House Inc.
Adult Drug Court
Antlers
Asian Community Center
BryanLGH Foundation

Cornhusker Place
Cedars Youth Services
Cedars Teen Court
Center For People in Need
CenterPointe

Child Guidance
City/County Health Department
City/County Human Services Administrator
CHOICES
Clyde Malone Center

Community Corrections
Community Justice Center
Community Learning Centers
Community Mental Health Center
Cooperative Extension Service

DIRECTIONS EAP
Doane College
Faith Partners
Families First and Foremost
Family Services

FIRST Project
First Step
Fresh Start
Girl Scouts Homestead Council
Healthy Solutions

Hispanic Community Center
Houses of Hope
Independence Center
Indian Center
Insight EAP

Interchurch Ministries of Nebraska
Juvenile Drug Court
Juvenile Expeditor
Juvenile Probation

KZUM
Lighthouse
Lincoln Action Program
Lincoln Council on Alcoholism and Drugs, Inc.
Lincoln Police Department

Lincoln Medical Education Partnership
Lincoln Public Schools
Lincoln Regional Center
Lutheran Family Services
Magellan Health Services

Malcolm Community Action Coalition
Neb Mental Health Centers
Nebraska National Guard
Nebraska Recovery Network
NU Directions

Meeting Place
Nebraska State Penitentiary
Oxford Houses
Parallels
Parole Office

Probation, District #6
People's City Mission
Phoenix House
Praeland's ATTC
Recovery Center

Region V Systems
St. Monica's
Schmeckle Research
School Community Intervention Program
Snitely Carr

Summit Care & Wellness
Touchstone
Valley Hope
VA Medical Center
Youth Assess Center

Yvonne House
YWCA